

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7226

CERTIFICATE OF DEATH

Reg. Dist. No. 7224

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
<i>Queen Anne MARYLAND</i>		<i>Maryland Carolina</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b	
<i>Rural Bridgetowne</i>		<i>life</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. STREET ADDRESS	
		<i>Rural Bridgetowne</i>	
3. NAME OF DECEASED (Type or print)		First	Middle
<i>Marshall B. LEY Downes</i>			
Last		4. DATE OF DEATH	Month
		<i>JUNE</i>	Day
		<i>11</i>	Year
		<i>58</i>	
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH
<i>M</i>		<i>W</i>	<i>October 15, 1885</i>
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 72 yrs.	
		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<i>Farm owner</i>		<i>Farming</i>	<i>Maryland</i>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Benjamin Bennett</i>		<i>Frances Eleanor Coursen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT
(If yes, give war or dates of service)			<i>Mrs. Marshall B. Downes, P. O. Box 120, MD.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)		<i>Chronic Valvular disease of the heart</i>	
422.1		<i>1/8 mo.</i>	
DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		<i>(b)</i>	
		<i>Arterio sclerosis</i>	
DUE TO			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from <i>June 10</i> , 1958, to <i>June 11</i> , 1958, that I last saw the deceased alive on <i>June 10</i> , 1958, and that death occurred at <i>M.</i> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Emmitsburg, Md.</i> DATE SIGNED <i>6/12/58</i>	
ACTUAL SIGNATURE <i>J. F. McPherson</i>		M.D. <i>J. F. McPherson</i>	
PHYSICIAN'S NAME (Type) <i>H. F. McPherson</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>June 15, 1958</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Emmitsburg</i>
22d. LOCATION (City, town, or county) <i>Emmitsburg, Maryland</i>		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. F. McPherson, Funeral, Inc.</i>		ADDRESS <i>Emmitsburg, Md.</i>	
24a. REC'D BY REGISTRAR DATE, JUN 17 '58		24b. REGISTRAR'S SIGNATURE <i>W. L. Johnson</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7227

CERTIFICATE OF DEATH

Reg. Dist. No.

07225

1. PLACE OF DEATH a. COUNTY Queen Annes		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.		b. COUNTY Queen Annes	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary		First R. G.	Middle Dunlap	4. DATE OF DEATH June 4 1958	Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1874	9. AGE (In years 83 lost birthday) yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Phila. Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John C. Roberts		14. MOTHER'S MAIDEN NAME Ellen M. McCann					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Carl Dynes Millington Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 334X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)		Cerebral arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		Generalized Arteriosclerosis				10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None					
20c. TIME OF INJURY Hour o. p.	Month June	Day 18	Year 1958	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Millington	(County) (State)
21. I certify that I attended the deceased from <u>Oct - 5 -</u> , 1958, to <u>June 4</u> , 1958, that I last saw the deceased alive on <u>June 4</u> , 1958, and that death occurred at <u>3:30</u> P.M., from the causes and on the date stated above. ACTUAL SIGNATURE <u>N.H. Hamilton</u>		M.D.		ADDRESS (Street, city or town, state) Millington Md.		DATE SIGNED June 5/58	
PHYSICIAN'S NAME (Type) H. H. HAMILTON							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF June 7, 1958	22c. NAME OF CEMETERY OR CREMATORIAL Greenwood Cem.	22d. LOCATION (City, town, or county) Phila.			(State) Pa.	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Tolson Millington Md.</u>		ADDRESS	24a. REC'D BY REGISTRAR DATE JUN 9 '58	24b. REGISTRAR'S SIGNATURE <u>Webb</u>			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7228

CERTIFICATE OF DEATH

07226

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Queen Anne's</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centerville</i>		c. LENGTH OF STAY IN 1b <i>2 1/2 years</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centerville</i>		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First <i>IDA</i>	Middle <i>ELIZABETH</i>	Last <i>FAGAN</i>	4. DATE OF DEATH Month <i>June</i>	Day <i>21</i>	Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 24 1877</i>	9. AGE (in years last birthday) <i>80 yrs.</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Altona Pa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>James Ross Ellenger</i>		14. MOTHER'S MAIDEN NAME <i>Mary Catherine Anderson</i>		Address					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Alma Fagan Centerville Maryland</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>410X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>Sept 1 1957</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <i>Sept 1 1957</i> to <i>June 21 1958</i> that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>R. P. M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>W. Henry Fisher</i>								ADDRESS (Street, city or town, state) <i>Centerville Md</i>	DATE SIGNED <i>6/22/58</i>
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>June 24 58</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Crown Valley</i>		22d. LOCATION (City, town, or county) (State) <i>Altona R. D. Pa</i>			
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Butts & Sons, Inc. Centerville Md</i>		ADDRESS		24a. REC'D BY REGISTRAR <i>JUN 27 1958</i>		24b. REGISTRAR'S SIGNATURE <i>Alfred E. Fisher</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1900-1901

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7229

CERTIFICATE OF DEATH

Reg. Dist. No.

07227

1. PLACE OF DEATH

a. COUNTY

Queen Anne's

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

Chesterville

c. LENGTH OF STAY IN 1b

Nestly Up

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

Queen Anne's

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Chesterville

d. STREET ADDRESS

e. IS RESIDENCE

ON A FARM?

YES NO 3. NAME OF
DECEASED
(Type or print)First
JOHN

Middle

Last

DENNEY FRAMPTON

4. DATE
OF
DEATHMonth
JuneDay
21Year
1918

5. SEX

mch

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

Aug 22 - 1874

9. AGE (In years
lost birthday)
83 yrs.

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HRS.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

House Painter

11. BIRTHPLACE (State or foreign country)

Delaware Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Frampton

14. MOTHER'S MAIDEN NAME

Susie Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

m

17. INFORMANT

McEvans Beat Chesterville Maryland

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

446 X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

(b)

DUE TO

(c)

INTERVAL BETWEEN
ONSET AND DEATH
5 yrs

Arterios - Sclerosis of hepatic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY
PERFORMED?
YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a. m. 19
p. m.20d. INJURY OCCURRED
White Not while
at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)
(County) (State)21. I certify that I attended the deceased from June 19, 1953 to June 21, 1958, that I last saw the deceased
alive on June 19, 1958, and that death occurred at M, from the causes and on the date stated above.ACTUAL
SIGNATURE

H. F. McEvans

ADDRESS (Street, city or town, state)

DATE SIGNED

PHYSICIAN'S
NAME (Type)

H. F. McEvans

M.D.

Chesterville June 21, 1958

22a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

22b. DATE THEREOF

June 23-58

22c. NAME OF CEMETERY OR CREMATORIUM

Chesterville

22d. LOCATION (City, town, or county)

Chesterville Maryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Neville Brothers Chesterville Md.

ADDRESS

24a. REC'D BY REGISTRAR

DATE JUN 27 '58

24b. REGISTRAR'S SIGNATURE

Rehersich

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07228

7230

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		First John Middle	Last Hall
4. DATE OF DEATH	June 11	Month	Day Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1869
9. AGE (In years last birthday) 88 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alexander Hall		14. MOTHER'S MAIDEN NAME Elizabeth Hughes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Charles Phillips--Church Hill, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		<i>Acute Cardiac Dilatation</i>	
(b) DUE TO		<i>Chronic Myocardiitis</i>	
(c)		<i>General Arterial Sclerosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Principally</i>	
20c. TIME OF INJURY Hour a. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sudlersville	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>June 1</u> , 1950, to <u>June 11</u> , 1958, that I last saw the deceased alive on <u>June 10</u> , 1958, and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>C. M. White</i>	M.D.	ADDRESS (Street, city or town, state) <i>Sudlersville, Md.</i>	
PHYSICIAN'S NAME (Type)	DATE SIGNED <i>7-1-58</i>		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF June 14	22c. NAME OF CEMETERY OR CREMATORIAL Sudlersville	22d. LOCATION (City, town, or county) (State) Sudlersville, Md.
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar d. Lane</i>	ADDRESS Church Hill, Md.	24a. REC'D BY REGISTRAR JUN 17 '58	24b. REGISTRAR'S SIGNATURE <i>Alfred</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be attached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

650

John G. Gandy, deceased
John Gandy, deceased
John Gandy, deceased
John Gandy, deceased
John Gandy, deceased

(5)

11/25/02 11/25/02 11/25/02 11/25/02 11/25/02
John Gandy, deceased John Gandy, deceased John Gandy, deceased John Gandy, deceased John Gandy, deceased

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 4 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07229

7231 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY N.D. Queen Anne (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH JUNE 30 1958	
5. SEX Fem.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH AUG. 14-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME Levi Everett		14. MOTHER'S MADDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Thomas Lowman
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 199.2 IMMEDIATE CAUSE (A) Circumstances of illness & reaction ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Tues</u> 1, 1958, to <u>10</u> 6/30/58, 1958, that I last saw the deceased alive on <u>Tues</u> 30, 1958, and that death occurred at <u>7 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. Henry Fisher</u> M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>July 3</u>	NAME OF CEMETERY OR CREMATORIAL <u>CHURCH HILL</u>
24. REC'D BY REGISTRAR 58		REGISTRAR'S SIGNATURE <u>W. Fisher</u>	LOCATION (City, town, or county) <u>CHURCH HILL N.D.</u>
DATE <u>JULY 7 1958</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u>	

7232

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No. 07230

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland		b. COUNTY Queen Anne		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						<input checked="" type="checkbox"/> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) John Thomas Royal		First	Middle	Last	4. DATE OF DEATH Royal	Month	Day	Year
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 1869 (About)	9. AGE (In years last birthday) yrs. 88	10. IF UNDER 1 YEAR Months 6	11. IF UNDER 24 HRS. Days 10	12. IF UNDER 24 HRS. Hours 19	13. Year 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Tennant		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joseph Royal			14. MOTHER'S MAIDEN NAME Virginia Royal			Address		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Annie Royal		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fell down Stairs & broke his neck DUE TO 900.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) He was old & feeble - apparently he started down stairs & fell falling 8 ft & was dead when I saw him.					
20c. TIME OF INJURY Month, Day, Year Hour a.m. 3:30 p.m. June 10 1958			20d. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.) Home		
20f. (City or town) Centreville			(County)			(State)		
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at 3:30 p.m. from the causes and on the date stated above.								
ADDRESS (Street, city or town, state)								
ACTUAL SIGNATURE W. J. Fisher M.D. DATE SIGNED 6/14/58								
PHYSICIAN'S NAME (Type)								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/15/58		22c. NAME OF CEMETERY OR CREMATORIUM John Wesley Cemetery		22d. LOCATION (City, town, or county) CARINICHEL, MD		
23. FUNERAL DIRECTOR'S SIGNATURE J.B. Dashiell, EASTON, MD		ADDRESS		24a. REC'D BY REGISTRAR JUN 18 '58		24b. REGISTRAR'S SIGNATURE DeLoach		

CERTIFICATE OF DEATH

Date of Birth

Date of Death

Cause of Death

Place of Death

Name of Physician

Name of Hospital

Name of City

Name of State

Name of County

Name of Street

Name of City

Name of State

Name of County

Name of Street

Name of City

Name of State

Name of County

Name of Hospital

Name of Physician

Name of City

Name of State

Name of Hospital

Name of City

Name of State

Name of County

Name of Street

Name of City

Name of State

Name of County

Name of Street

Name of City

Name of State

Name of County

Name of Hospital

Name of Physician

Name of City

Name of State

Name of Hospital

Name of City

Name of State

Name of County

Name of Street

Name of City

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Name of County

Name of Street

Name of City

Name of State

Name of County

Name of Hospital

Name of Physician

Name of City

Name of State

Name of Hospital

Name of City

Name of State

Name of County

Name of Street

Name of City

Name of State

Name of County

Name of Street

Name of City

Name of State

Name of County

John Doe, deceased, died on 10-10-1950

John Doe

John Doe

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the general director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7233 CERTIFICATE OF DEATH

07231

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY QUEEN ANNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PONDTON		c. LENGTH OF STAY IN Tb d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	
d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PONDTON		e. STREET ADDRESS RURAL CHESTER TOWN	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) ELIZABETH		First	Middle
4. DATE OF DEATH JUNE 8 1958		Last	Month
5. SEX F.		6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH AUG. 22, 1883		9. AGE (In years last birthday) 74 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN WRIGHT	
14. MOTHER'S MAIDEN NAME RACHEL WRIGHT		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT HENRY WRIGHT, Millington, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.2		INTERVAL BETWEEN ONSET AND DEATH Cerebral Hemorrhage	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b)		Cerebral Arterial Occlusion	
DUE TO (c)		Chronic Hypertension	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Family		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Q		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fracture	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 7/1/58		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D.		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 1, 1958 to July 8, 1958 , that I last saw the deceased alive on July 6, 1958 , and that death occurred at 8:30 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE C. H. METCALFE		ADDRESS (Street, city or town, state) Fudlersville, July 7, 1958	
PHYSICIAN'S NAME (Type) C. H. METCALFE		DATE SIGNED July 7, 1958	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 6/11/58	
22c. NAME OF CEMETERY OR CREMATORIAL MT. PLEASANT CEM.		22d. LOCATION (City, town, or county) PONDTON	
23. FUNERAL DIRECTOR'S SIGNATURE Edward Hellows, Millington, Md.		24a. REC'D BY REGISTRAR DATE JUN 12 '58	
24b. REGISTRAR'S SIGNATURE Albert Leach			

~~several subjects~~

General Concepts

1969-1970

1000 JOURNAL OF CLIMATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

Item 20 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07232

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington		c. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		First JAMES	Middle ROGER
4. DATE OF DEATH Month June Day 29, 1958		5. SEX Male	6. COLOR OR RACE White
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 20, 1923	
9. AGE (In years last birthday) 34 yrs.		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME Norman Teat		14. MOTHER'S MAIDEN NAME Carrie E. Groff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes.		16. SOCIAL SECURITY NO. W.W. 11 26-14-9005	
17. INFORMANT Mrs. Kathryn Teat,		Address Millington, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 929.8 <i>The head injury & drowning</i>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck on head by propeller of outboard motor as he swam to shore - fracturing skull & drowning	
20c. TIME OF INJURY Hour 5:30 a. m. p. m. June 29 1958		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chester Inlet		20f. (City or town) near Crumpton	
(County) Q.A.		(State) Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>W. Henry Fisher</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) W. HENRY FISHER		DATE SIGNED 6/30/58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July, 2, 1958	
22c. NAME OF CEMETERY OR CREMATORIUM Millington Cemetery		22d. LOCATION (City, town, or county) Millington, Kent Co. (State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Fellows, Millington, Md.</i>		24a. REC'D BY REGISTRAR DATE JUL 7 '58	
ADDRESS		24b. REGISTRAR'S SIGNATURE <i>W. F. F.</i>	

